

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 098-00572	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51		
2		1		1			52		
3				1			53		
4					1		54		
5					1		55		
6						1	56		
7		1		1			57		
8		1			1		58		
9		1			1		59		
10	1		1				60		
11		1		1			61		
12	1		1				62		
13		1		1			63		
14		1		1			64		
15				1			65		
16					1		66		
17						1	67		
18						1	68		
19							69		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3		3				TOTAL IND.		
TOTAL DEP.	15	15	15				TOTAL DEP.		
TOTAL CLAIMS	18		18				TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS